MINIMUM MINOR			
19475 SILVER CREEK ROAD			
GALESVILLE 54630 Phone: (608) 582-2211		Ownershi p:	Non-Profit Corporation
Operated from $1/1$ To $12/31$ Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	59	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	59	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	59	Average Daily Census:	58
***************	*****	***********	************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Length of Stay (12/31/01)	%		
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	27. 1
Supp. Home Care-Personal Care	No					1 - 4 Years	55. 9
Supp. Home Care-Household Services	No	Developmental Disabilities	3. 4	Under 65	0.0	More Than 4 Years	16. 9
Day Services	No	Mental Illness (Org./Psy)	15. 3	65 - 74	5. 1		
Respite Care	No	Mental Illness (Other)	8. 5	75 - 84	25.4		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	6. 8	85 - 94	62. 7	**********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0. 0	95 & 0ver	6.8	Full-Time Equivaler	ıt
Congregate Meals	Yes	Cancer	1. 7	İ	Í	Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0. 0		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	27. 1	65 & 0ver	100. 0		
Transportati on	No	Cerebrovascul ar	8. 5			RNs	8. 5
Referral Service	No	Di abetes	3. 4	Sex	% j	LPNs	8. 2
Other Services	No	Respi ratory	0.0		Ì	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	25. 4	Male	18.6	Ai des, & Orderlies	40. 9
Mentally Ill	No			Femal e	81.4		
Provi de Day Programmi ng for			100.0		j		
Developmentally Disabled	No				100. 0		
************	****	***********	*****	, *******	*******	**********	*****

Method of Reimbursement

		ledicare litle 18			edicaid itle 19	-		0ther			Pri vate Pay	;		amily Care			anaged Care	l		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0. 0	0	1	2. 3	112	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	1	1. 7
Skilled Care	0	0.0	0	38	86. 4	95	0	0.0	0	15	100.0	124	0	0.0	0	0	0.0	0	53	89. 8
Intermedi ate				5	11. 4	78	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	8. 5
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		44	100.0		0	0.0		15	100.0		0	0.0		0	0.0		59	100. 0

MARINUKA MANOR

Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti ons,	Services, a	nd Activities as of 12/	31/01
Deaths During Reporting Period	`						
8 1 8	[Total				
Percent Admissions from		Activities of	%	% Nee Assi sta		% Totally	Number of
Private Home/No Home Health	32. 4	Daily Living (ADL)	Independent	One Or T		<i>J</i>	Resi dents
		, 5_ 0 , ,				1	
Private Home/With Home Health	0. 0	Bathi ng	0.0		. 1	11. 9	59
Other Nursing Homes	14. 7	Dressing	23. 7		5. 1	10. 2	59
Acute Care Hospitals	52. 9	Transferring	42. 4	45	5. 8	11. 9	59
Psych. HospMR/DD Facilities	0.0	Toilet Use	42. 4	50). 8	6. 8	59
Reĥabilitation Hospitals	0.0	Eati ng	72. 9	23	. 7	3. 4	59
Other Locations	0.0	*********	******	******	******	*******	*****
Total Number of Admissions	34	Continence		% Spe	cial Treatme	nts	%
Percent Discharges To:		Indwelling Or Externa	d Catheter	5. 1 R	eceiving Resi	pi ratory Care	25. 4
Private Home/No Home Health	23. 5	Occ/Freq. Incontinent				cheostomy Care	1. 7
Private Home/With Home Health	5. 9	Occ/Freq. Incontinent			ecei vi ng Suct		1. 7
Other Nursing Homes	5. 9	i -		R	eceiving Osto	omy Care	1. 7
Acute Care Hospitals	11.8	Mobility			ecei vi ng Tube		0. 0
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	6.8 R	eceiving Mecl	hanically Altered Diets	30. 5
Rehabilitation Hospitals	0.0	<u> </u>			J	, and the second	
Other Locations	0.0	Skin Care		0th	er Resident	Characteri sti cs	
Deaths	52. 9	With Pressure Sores		0. 0 H	ave Advance l	Di recti ves	86. 4
Total Number of Discharges		With Rashes			ications		
(Including Deaths)	34					choactive Drugs	35. 6
(Including Deaths)	34			R	eceiving Psy	choactive Drugs	35. 6

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

************************************* Ownershi p: Bed Size: Li censure: 50-99 Skilled Al l Thi s Nonprofit Peer Group Facility Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 98.3 88. 9 1. 11 85. 1 1. 15 84. 4 1. 16 84. 6 1. 16 Current Residents from In-County 91.5 78.4 1. 17 72. 2 1. 27 75. 4 1.21 77. 0 1. 19 Admissions from In-County, Still Residing 47. 1 25.3 1.86 20.8 2. 26 22. 1 2. 13 20.8 2. 26 Admissions/Average Daily Census **58.** 6 108. 1 0.54 111.7 0.52 118. 1 0.50 128. 9 0.45 Discharges/Average Daily Census 58.6 107.3 0.55 112. 2 0.52 118. 3 0.50 130.0 0.45 Discharges To Private Residence/Average Daily Census 17. 2 37. 6 0.46 42.8 0.40 46. 1 0.37 52.8 0.33 Residents Receiving Skilled Care 91.5 90.9 1.01 91.3 1.00 91.6 1.00 85.3 1.07 Residents Aged 65 and Older 100 96. 2 1.04 93.6 1.07 94. 2 87. 5 1. 14 1.06 Title 19 (Medicaid) Funded Residents 74.6 67.9 1. 10 67.0 1. 11 69.7 1.07 68. 7 1.09 Private Pay Funded Residents 25.4 26. 2 1.08 21.2 22.0 0.97 23. 5 1. 20 1. 16 Developmentally Disabled Residents 3.4 0. 5 6.72 0.9 3.76 0.8 7. 6 0.45 4. 30 Mentally Ill Residents 23.7 39.0 0.61 41.0 0.58 39. 5 0.60 33. 8 0.70 General Medical Service Residents 25. 4 16. 5 1.54 16. 1 1. 58 16. 2 1.57 19. 4 1. 31 Impaired ADL (Mean) 36.6 49.9 0.73 48. 7 0.75 48. 5 0.75 49.3 0.74 Psychological Problems 35. 6 48. 3 0.74 50. 2 0.71 50.0 0.71 51. 9 0.69 Nursing Care Required (Mean) 1. 25 7.0 9. 1 7. 0 1. 30 7. 3 1. 29 7. 3 1. 24